

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004242

1. Entity Name

DEBBIE ANDERSON, P.A.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90015 039 ***150.00

Principal Place of Business

Mailing Address

8925 RAMBLEWOOD DRIVE, APT 2502
 CORAL SPRINGS FL 33071

8925 RAMBLEWOOD DRIVE, APT 2502
 CORAL SPRINGS FL 33071-4338

2. Principal Place of Business

3. Mailing Address

8925 N.W. 2nd Avenue
 Suite, Apt. #, etc.

8925 N.W. 2nd Avenue
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Springs Fl.

Coral Springs Fl.

4. FEI Number

65-0808448

Applied For

Not Applicable

Zip

33071

Country

Zip

33071

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, DEBBIE
 8925 RAMBLEWOOD DRIVE, APT 2502
 CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD <input type="checkbox"/> Delete
NAME	ANDERSON, DEBBIE
STREET ADDRESS	8925 RAMBLEWOOD DRIVE, APT 2502
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 954-346-5929

CFR20014 (01/97)